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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR | SHEETS | TOTAL | INDEPENDENT |
| 35 USC 119 (a-d) <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after | COUNTRY | DRAWING | CLAIMS | CLAIMS |
| conditions met Allowance | CA | 4 | 12 | 3 |
| Verified and <i>RAH</i> Acknowledged Examiner's Signature Initials | | | | |

ADDRESS

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TITLE

High energy arbitrary waveform source

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| FILING FEE RECEIVED 770 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) |
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